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CLINICAL

Homeopathy for the treatment of menstrual irregularities: a case series

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Objective: **A preliminary study to evaluate the usefulness of homeopathic treatment in the care of menstrual irregularities.**
Method: **Patients were diagnosed at the first appointment according to menstrual cycle over the past year: Amenorrhea (AM), Oligo-amenorrhea (OL-AM), OL, Taking hormone replacement therapy (HRT). All patients were prescribed an individualised, global homeopathic treatment. The main outcomes were: time to resumption of periods, change of clinical diagnosis at the end of follow-up or after 2 years. The secondary outcomes were: menstrual regularity at the end of follow-up, compared to pre-treatment frequency; flow characteristics; clinical course of acute and chronic concomitant symptoms.**
Results: **18 consecutive cases of secondary amenorrhea (SA) and oligomenorrhea (OL) met the entry criteria. 8 women had SA, 2 were on HRT, 6 had OL-AM and 2 had OL. The average duration of considered follow-up was 21 months. The average time before the reappearance of menstruation was 58 days (s.d. 20) in the 8 women with SA at the time of the first appointment, for all cases 46 days (s.d. 42). Change of clinical diagnosis: 50% of women, who were diagnosed AM, recovered their ovulatory cycle (OV), whereas 12.5% remained amenorrheic; 33.3% of patients, who were initially OL-AM, showed an OV; 100% of oligomenorrheic and HRT patients recovered an OV. The average frequency of spontaneous cycles per year changes from 4.32 (s.d. 1.97) pre-treatment to 9.6 cycles per year at the end (s.d. 2.92). Four detailed case histories are reported.** *Homeopathy* (2009) **98**, 97–106.

Keywords: secondary amenorrhea; oligomenorrhea; classical homeopathy; menstrual res time; menstrual frequency

Introduction

Menstrual irregularities have become very frequent. 58% of adolescent girls requesting a gynaecological consultation have secondary amenorrhea (SA) and 42% have oligomenorrhea (OL).[1] The annual prevalence of SA in the general 15–44 year-old population is 4.6%.[2] The most common forms of SA are Hypogonadotrophic disorders caused by hypothalamic suppression, particularly Functional Hypothalamic Amenorrhea (FHA), and an ovulatory disorders often associated with Polycystic Ovary Syndrome (PCOS). Less frequently, they are related to Hyperprolactinaemia (HYPER), Hypergonadotrophic conditions caused by Premature Ovarian Failure (POF) and concomitant hormonal disorders (hyper- or hypothyroidism, Cushing's Syndrome). The frequency of the various forms varies with the subject's age.[3,4] Discontinuation of oral contraception can cause Post-pill Amenorrhea (PPA) in 2% of women or significantly increase the length of the cycle for the first 9 months[5] Hormone Replacement or Progesterone Therapy (HRT/PROG) does not appear to restore normal Hypothalamus-Hypophysis-Ovarian axis function and physiological cyclicity and sex hormone pulsatility. On suspending HRT/PROG, after 1 year, only 5 out of 100 women regain a normal OV, 4 become oligomenorrheic, the others remain amenorrheic.[3]

SA is the interruption of menstrual flow for more than 3 months in women with a history of spontaneous periods.[3–6] Identifying the cause of SA allows often-successful aetiological treatment. The most frequent specific causes are

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tumours, chronic illnesses, medicines, concomitant endocrinopathies, excessive exercise or drastic weight loss.[6] However, in many cases, either it is difficult to define a specific cause that can be eliminated[3] or the outcome of therapy is an irregular, oligomenorrheic menstrual cycle. Cytogenetic studies on women with SA have shown karyotype chromosome anomalies in 16.33%[7] and of sexual chromosomes alone in 9.9%,[8] suggesting that SA sometimes has a genetic aetiology. It has also been observed that situations of severe stress that activate the hypothalamus-hypophysis-adrenal gland axis or suppress the hypothalamus-hypophysis-thyroid axis, can interrupt the HPO axis with consequent FHA.[9]

Classic homeopathy indicates a single homeopoathic medicine is given, taking into account the patient's overall symptomatology.[10] Some individual cases of amenorrhea (AM), treated with classical homeopathy have been reported in the literature.[11,12] No systematic studies on the efficacy of homeopathic treatment in the SA have been published, but the possible efficacy of complex[13] and unitary[14] homeopathic medicines has been observed in restoring the oestrus cycle in dairy cattle.

I report the results of classical homeopathic treatment in 18 patients with menstrual irregularities and describe 4 successful case histories.

Materials and methods

Patients

My patients' records are filed using Radar and Winchip software. Of the 8022 records available, I selected those with primary diagnosis: SA and OL. 27 patients were identified. Only 18 of these satisfied the following inclusion criteria:

1. Age 16–45, diagnosed by a gynaecologist as having SA.
2. At least 12 months' follow-up with regular check-ups at least once every 3 months.
3. Regular recording of all menstrual cycles.
4. No administration, during homeopathic treatment, of sex hormones or medicines that stimulate or regularise production of the same.
5. No more than 7 menstrual cycles per year, equal to an average cycle length of 52 days or with AM at the time of the first appointment.
6. Absence of a clear aetiological cause, whose elimination might restore a normal menstrual cycle.

Nine patients were excluded for the following reasons: 2 for inadequate follow-up, 3 for imprecise recording of the length of periods, 4 because of hormonal therapy administration. The 18 included patients were divided into 4 groups, according to the clinical diagnosis at the first appointment:

1. AM: absence of menstrual cycle for more than 3 months at the time of the first homeopathic appointment.
2. OL-AM: less than 5 cycles in the last year or at the most 7 cycles per year but with a period of AM exceeding 3 months.
3. OL: 5–7 cycles in the past year.
4. Taking HRT.

Almost all patients have had severe menstrual irregularities in their gynaecological history (Table 1).

Table 2 shows the gonadotrophic diagnosis made by gynaecologist, their hormonal therapy and the reason that led the patients to choose the homeopathic treatment. The reasons were often connected to the fact that hormonal treatment is unable to regulate the menstrual cycle and has undesired and/or non-tolerated effects. Five patients refused hormonal therapy.

Table 1 Gynaecological history

Case no.	*Age*	*Initial clinical diagnosis*	*Duration of SA (months)*	*Onset of menstrual irregularity*	*Hormone treatment duration*	*Period free of hormonal drugs before homeopathic treatment*	*Spontaneous cycles in last year*
1	19	AM		Menarche	3 years	7 months	0
2	32	AM	6	Menarche	7 years	6 months	0
3	31	AM	5	10 months	1 month	7 months	1
4	20	AM	8	Menarche	5 months	5 months	0
5	26	AM	5	3 years	2 years	6 months	0
6	38	AM	6 8	Menarche	8 years	10 years	3
7	40	AM		9 months	2 months	3 months	2
8	45	AM		2 years	no	yes	6
9	27	OL-AM	3 13	5 years	1 year	2 years	2
10	32	OL-AM	Primary	Primary AM	13 years	3 years	5
11	22	OL-AM	12	Menarche	no	yes	2
12	28	OL-AM	13	Menarche	2 years	2 years	4
13	41	OL-AM	4	11 months	no	yes	7
14	43	OL-AM	4 3	3 years	no	yes	7
15	43	ON-HRT	6	Menarche	18 years	no	0
16	18	ON-HRT	6	Menarche	8 months	no	0
17	24	OL	8	5 years	4 years	1 year	6
18	16	OL	3	Menarche	no	yes	7